VIRGINIA DEPARTMENT OF HEALTH (VDH) OFFICE OF DRINKING WATER (ODW) FINANCIAL AND CONSTRUCTION ASSISTANCE PROGRAMS (FCAP)

RETURN TO:

VDH - Office of Drinking Water 109 Governor Street, 6th Floor Richmond, VA 23219 (Voice: 804-864-7501) (FAX: 804-864-7521)

PUBLIC COMMENT AND SET-ASIDE SUGGESTIONS FORM

Materials available at:

https://www.vdh.virginia.gov/drinking-water/fcap/drinking-water-funding-program/

SECTION A – SUBMITTER'S INFORMATION

1.	a. Name:		Organization:	
	b. Address:			
	City County:		State:	Zip Code:
	c. Contact Person/title:			
	d. Telephone Number:FAX	Number:	Email:	
2.	Waterworks type (if applicable):			
	Community PWS Nonprofit noncommunity PWS	ID number:	System Name System Name	
SE	CTION B – PUBLIC COMMENTS OR SET	r-ASIDE SUGGESTIONS	S (Use separate page i	f necessary)
Coı	nment Topic or Proposal Name:			
	Suggested activities or comments and related funds suggested if applicable: (\$)			
For	suggestions or projects not funded, VDH reserved			
		ives the right to reconsider i	runding the above proj	eet ii funds become avanabie.
SE	CTION C – SUBMITTER'S SIGNATURE			
	NAME and TITLE:			_
	SIGNATURE	DATE: _		
Please submit one form for each Set-Aside Suggestion by the closing date. Attach additional pages if necessary.				essary.